

COMBINED DECLARATION AND POWER OF ATTORNEY*(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT OR CIP APPLICATION)*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TWIST DRILL

the specification of which: *(complete (a), (b) or (c) for type of application)***REGULAR OR DESIGN APPLICATION**

- (a) ☒ is attached hereto.
 (b) ☐ was filed on _____ as Application Serial No. _____ and was amended on _____.

PCT FILED APPLICATION ENTERING NATIONAL STAGE

- (c) ☐ was described and claimed in International Application No. _____ filed on _____ and as amended on _____.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. §1.56(a).

- ☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
 (e) ☐ such applications have been filed as follows:

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

<u>Country</u>	<u>Application No.</u>	<u>Date of Filing (day, month, year)</u>	<u>Date of Issue (day, month, year)</u>	<u>Priority Claimed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
 (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

<u>Country</u>	<u>Application No.</u>	<u>Date of Filing (day, month, year)</u>	<u>Date of Issue (day, month, year)</u>	<u>Priority Claimed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINUATION-IN-PART*(complete this part only if this is a continuation-in-part application)*

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)	(patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status)	(patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(List name and registration number)

John J. Prizzi	Registration No. 29,970
Larry R. Meenan	Registration No. 33,423
Kevin P. Weldon	Registration No. 47,307
Stanislav Antolin	Registration No. 34,979
James G. Porcelli	Registration No. 33,757
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Bernhard W. Borschert

Inventor's signature _____

Date _____ Country of Citizenship Germany

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Full name of second joint inventor, if any Jerry C. Hanna

Inventor's signature _____

Date _____ Country of Citizenship U.S.A.

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CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS DECLARATION

- ☒ [X] Signature for third and subsequent joint inventors.
Number of pages added 1.
- ☐ [] Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added ____.
- ☐ [] Signature for inventor who refuses to sign or cannot be reached by person authorized under 35 CFR 1.47. Number of pages added ____.

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY
THIRD AND SUBSEQUENT INVENTORSFull name of third joint inventor, if any Tilo Krieg

Inventor's signature _____

Date _____ Country of Citizenship GermanyResidence Drudenweg 9a, D-90768 Fürth, GermanyPost Office Address Drudenweg 9a, D-90768 Fürth, GermanyFull name of fourth joint inventor, if any Larry R. Meenan

Inventor's signature _____

Date _____ Country of Citizenship U.S.A.Residence 1146 Chaucer Drive, Greensburg, Pennsylvania 15601Post Office Address 1146 Chaucer Drive, Greensburg, Pennsylvania 15601Full name of fifth joint inventor, if any Michael D. Shultz

Inventor's signature _____

Date _____ Country of Citizenship U.S.A.Residence 171 Countryside Lane, Derry, Pennsylvania 15627Post Office Address 171 Countryside Lane, Derry, Pennsylvania 15627

Full name of sixth joint inventor, if any _____

Inventor's signature _____

Date _____ Country of Citizenship U.S.A.

Residence _____

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Full name of seventh joint inventor, if any _____

Inventor's signature _____

Date _____ Country of Citizenship U.S.A.

Residence _____

Post Office Address _____